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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.: IS01348AP

First Inventor: DANIEL J. BRATEK

Title: HIGH PRESSURE SENSOR

Express Mail Label No.: EU940605424US

TO A NEMITTAL		Title:	HIGH PRESSURE SENSOR FO
TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Express	Mail Label No.:	EU940605424US
APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application co	ontents)	ADDRESS T	Mail Stop Patent Application O: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. Applicant claims small entity status See 37 CFR 1.27 3. X Specification [Total Pages 8 (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or compute listing appendix -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s)	_] r program	table or Nucleoti a. Comprib. Specifi i. c. Statem	M or CD-R in duplicate, large Computer Program (Appendix) ide and/or Amino Acid Sequence f applicable, all necessary) uter Readable Form (CFR) ication Sequence Listing on: CD-ROM or CD-4 (2 copies); or Paper nents verifying identity of above copies NYING APPLICATION PARTS
-Abstract of the Disclosure	ì		nent Papers (cover sheet & document(s))
 4. X Drawing(s) (35 U.S.C. 113) [Total Sheets 5. Oath or Declaration [Total Sheets a. X] Newly executed (original or copy) b. Copy from prior application (37 CFR 1.63 (for continuation/divisional with Box 18 comp i. DELETION OF INVENTOR(S) Signed statement attached deleting invename in the prior application, see 37 Cm 1.63(d)(2) and 1.33(b) 6. Application Data Sheet. See 37 CFR 1.76 	B(d)) oleted) entor(s) FR	10.	ation Disclosure X Copies of IDS ent (IDS)/PT-1449 Citations nary Amendment (MPEP 503) de be specifically itemized) ed Copy of Priority Document (blication Request under 35 U.S.C. 19(2)(B)(i). Applicant must attach form SB/35 or its equivalent.
18. IF A CONTINUING APPLICATION, check appropriate be	ox and supply Sheet under 3	the requisite informati	ion below and in the first sentence of the
specification following the title, or in an Application Data and Continuation Divisional Continuation Prior application information: Examiner: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior at the accompanying continuation or divisional application and is hereby incorporated by reference application parts.	nuation-in- F	Part (CIP) of pr	Art Unit: supplied under Box 5b, is considered a part of the disclosure of the a portion has been inadvertently omitted from the submitted
19. CORRE	SPONDEN	CE ADDRESS	
Customer Number 22917 of Name Address		Correspondence addr	ress below
City	State	T	Zip Code
Country . Telephone			Fax
Name JAMES A. LAMB	1	Registration No	. 38,529
SIGNATURE James J day	ent	Dat	re 11/03/2003
1	<i>U</i>		

IS01348AP



		Complete if Known								
FEE TRANSMITTAL		Application Nu	mber							
		Filing Date		11/03/2003						
Patent fees are subject to annual revision		First Named In	DANIEL J. BRATEK							
Applicant claims small entity state	us. See 37 CFR 1.27	Examiner Nam		•						
		Group Art Unit								
TOTAL AMOUNT OF PAYMENT	(\$) 810.00	Attorney Dock	_	IS013	348AP					
METHOD OF PAYMEN	T (check all that apply					F CALC	CIII A	TION (continued)		_
			3. ADDITIONAL FEES							
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X Deposit Account:			<u>Enti</u>	_	<u>Ent</u>					
Deposit Account Number	502117		Fee	Fee	Fee	Fee				
Deposit Account Name	Motorola, Inc.		Code	(\$)	Code	(\$)		Fee Description		
The Director is authorized to: (check all that X Charge fee(s) indicated below			1051 1052	130 50	2051 2052	65 25		narge – late filing fee or oa		
X Charge fee(s) indicated below	X Credit any ov	erpayments	1052	130	1053	25 130		narge – late Provisional fil English specification	ing	<u> </u>
Charge any additional fee(s) dur	ing the pendency of this ap	plication	1812	2520	1812	2520		ing a request for ex parte	,	
							Reex	amination		
Charge fees(s) indicated below, above-identified deposit accour		the	1804	920*	1804	920*		esting publication of SIR prior liner action	to	\vdash
			1805	1840*	1805	1840*	Requ	esting publication of SIR a	after	
FEE CALCULATION			1251	110	2251	55		ision for reply within first n	nonth	
			1252	420	2252	210		sion for reply within second m		
			1253	950	2253	475	Extens	sion for reply within third mont	th	
1. BASIC FILING FEE	•		1254	1480	2254	740	Extens	sion for reply within fourth mor	nth	
			1255	2010	2255	1005	Exten	sion for reply within fifth r	nonth	
Large Entity Small Entity			1401	330	2401	165	Notice	e of Appeal		
Fee Fee Fee Fee Code (\$) Code (\$)	F.	- Daid	1402	330	2402	165		a brief in support of an ap	ppeal	
Code (\$) Code (\$)	re	e Paid	1403	290	2403	145		est for oral hearing on to institute a public use	•	\vdash
		<u>. </u>	1451	1510	1451	1510	proce		•	
1001 770 2001 385	Utility filing fee 77	0	1452	110	2452	55		on to revive – unavoidable		
1002 340 2002 170 1003 530 2003 265	Design filing fee		1453	1330	2453	665		on to revive – unintention:	al	
1003 530 2003 265 1004 780 2004 385	Plant filing fee Reissue filing fee		1501 1502	1330 480	2501 2502	665 240	-	issue fee (or reissue) In issue fee		
1005 160 2005 80	Provisional filing fee		1503	640	2502	320	-	issue fee		
			1460	130	1460	130		ons to the Commissioner		
	SUBTOTAL (1) (\$) 770.0	10	1807	50	1807	50	Proce	essing fee under 37 CFR 1.	.17(q)	
2. EXTRA CLAIM FEES			1806	180	1806	180	Subm	nission of IDS		
Previously Paid**	Extra Fee from Claims below	Fee Paid	8021	40	8021	40		rding each patent assignr operty (times number of prope		40
Total Claims 6 - 20		=	1809	770	2809	385		a submission after final	,	
Independent Claims 1 - 3	= X 86	=					reject	ion (37 CFR § 1.129(a))		
Multiple Dependent	290	= [1810	770	2810	385		ach additional invention to ined (37 CFR § 1.129(b))		
Large Entity Small Entity Fee Fee Fee Fee			1801	770	2801	385	Requ	est for Continued Examin		
Code (\$) Code (\$)	Fee Description	n	1802	900	1802	900	Requ	est for expedited examina	ation	
	ims in excess of 20 ependent claims in excess of 3		04	(:6-)			of	a design application		
	itiple dependent claim, if not pai	d	Other fee	(specify)						
	eissue independent claims over									
1205 18 2205 9 *Re	niceus claims in system of 20 an	d aver original								
	eissue claims in excess of 20 an atent	o over original							·	
SUBTOTAL (2) (\$) -0- **or number previously paid, if greater, For Reissues, see above. SUBTOTAL (3) (\$) 40.00 * Reduced by Basic Filing Fee Paid										
SUBMITTED BY	Complete (if applicable)									
Name (Print/Type) JAMES A	A, LAMB	2 (//	Registrat	tion No.	38,52	29		Telephone	(847) 576	3-5054
Signature	man (Lund	0	_		Da	ate .	11/03/2003		